

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09698241

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	5	↓	↓	↓	↓	
TOTAL CLAIMS	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

BEST AVAILABLE COPY